

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)***(Chapter 30, Title 38, U.S. Code)***TRANSFERABILITY PROGRAM****PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish participation in the Montgomery GI Bill Transferability Program.**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's benefit eligibility under the MGIB Transferability Program.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the non-transfer of MGIB benefits to family members.**1. SERVICE MEMBER DATA****a. NAME** (LAST, First, Middle Initial)**b. SOCIAL SECURITY NUMBER (SSN)****2. FAMILY MEMBER DATA**

| <b>a.</b><br><b>NAME</b> (LAST, First, Middle Initial) | <b>b.</b><br><b>RELATIONSHIP</b> | <b>c.</b><br><b>SSN</b> | <b>d. DATE OF BIRTH</b><br>(YYYYMMDD) | <b>e. MONTHS</b><br><b>TRANSFERRED</b> | <b>f. *START DATE</b><br>(YYYYMMDD) | <b>g. *END DATE</b><br>(YYYYMMDD) |
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**\*NOTE:** Start Date is at 6 years of service or today, whichever is later, unless overridden by Service member for spouse to use benefits. Start Date for child is 10 years of service or today, whichever is later, unless overridden by Service member for children to use benefits.

"By Law" in this block limits period of transfer for spouses to 10 years after final separation from service, for children to 10 years after final separation or age 26. Service member may override with an earlier date.

- (1) I understand that I may transfer up to 18 months or any balance (if less than 18 months) of my MGIB benefits to spouse and/or children, and can revoke and/or modify my election any time in writing and must notify the service representative and the Department of Veterans' Affairs. My spouse may use this benefit immediately. My children may use this benefit after I have served 10 years, and they have either completed high school or high school equivalency or attained age 18, and cannot use after 26th birthday.
- (2) I understand that I must have served six years before being eligible to transfer benefits, and agree to (terms of contract) serve at least four more years in the Armed Forces in a critical military specialty as designated by the service secretary.
- (3) I understand that I and my family member(s) may be responsible for any overpayments due to not completing my obligation of service agreement.
- (4) I understand that this document serves as written notice for designating transfer of MGIB education benefits.

**h. SERVICE MEMBER SIGNATURE****i. RANK/GRADE****j. DATE SIGNED** (YYYYMMDD)**3. DEERS VERIFICATION**

I verify that the above family member(s) are on the DEERS system.

**a. SERVICE REPRESENTATIVE NAME** (LAST, First, Middle Initial)**b. PAY GRADE****c. UNIT NAME AND LOCATION****d. SIGNATURE****e. DATE SIGNED** (YYYYMMDD)**4. CONFIRMATION OF TRANSFER ELIGIBILITY**

I verify that the above service member has transferability as an option.

**a. SERVICE REPRESENTATIVE NAME** (LAST, First, Middle Initial)**b. PAY GRADE****c. UNIT NAME AND LOCATION****d. SIGNATURE****e. DATE SIGNED** (YYYYMMDD)**f. TRANSFER ELIGIBILITY**  
**START DATE** (YYYYMMDD)**g. TRANSFER ELIGIBILITY**  
**END DATE** (YYYYMMDD)